

OFFICIAL LODGING RESERVATION FORM

**MISSOURI
TECHNOLOGY STUDENT ASSOCIATION
April 28-30, 2005 Warrensburg, Missouri
Central Missouri State University**

Please submit your room request on this form to qualify for the conference rate. You may fax your reservation, if you so choose. To make changes, cancellations, or ask a question about your room reservations, please contact your lodge of choice. Please type or print clearly.

Name: _____

Street address / P.O.: _____

City: _____ State: _____ Zip: _____

Telephone: (H) _____ (W) _____ Fax: _____

Special Needs ☐ Smoking ☐ Nonsmoking ☐ Other (please specify) _____

Dates Arrival Date/Time: _____ Departure Date/Time: _____

Special Requests:

Credit Card Guarantee

Rooms are not held after 4 p.m. on day of arrival without a credit card guarantee or by sending a one night deposit directly to the hotel after confirmation.

☐ American Express ☐ Diners Club ☐ Master Card ☐ Visa ☐ Discover

Credit Card Number _____ Expiration Date _____

Signature _____

The hotel will inform you by fax about your reservations. If you cannot provide a fax number, you will be notified by mail. A confirmation will follow directly from the hotel. Some properties may request an advance deposit at the time of confirmation. Rooms are assigned on a first come, first served basis. Your express wished will be honored, if possible. Otherwise placement is based upon room availability.

LODGING RESERVATION FORM

Please return to lodging site of choice

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MISSOURI TSA STATE LEADERSHIP AND CAREER DEVELOPMENT CONFERENCE

Advisors Name _____ Phone _____

School Name _____

School Address _____ Arrival Date and Time _____

City _____ State ____ ZIP _____ Departure Date _____

Room Rates Check The Attached Hotel List

Rooming List

Room _____ Name _____	Room _____ Name _____	Room _____ Name _____
_____	_____	_____
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Room _____ Name _____	Room _____ Name _____	Room _____ Name _____
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